THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3567

FILED FEB 11 1957

STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 6282 Registrar's No. 197

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Norwood — Inside Limits: Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Norwood Rest Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Douglas
c. CITY OR TOWN: Ava — Inside Limits: Yes ☐ No #
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ # No ☐

3. NAME OF DECEASED (Type or print): First: Rosa Middle: Last: Hargis
4. DATE OF DEATH: Month Jan. Day 29 Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED # DIVORCED ☐
8. DATE OF BIRTH: Apr. 3, 1872
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Unknown
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John McDowell
14. MOTHER'S MAIDEN NAME: Malinda Earls
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Nellie Jennings, Address: Norwood, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — Years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 1957 to Death and last saw her alive on 1/28/57
Death occurred at 9:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: James L. Ames (Degree or title) D.O.
22b. ADDRESS: Mansfield Mo
22c. DATE SIGNED: 1/31/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2 2, 1957
23c. NAME OF CEMETERY OR CREMATORY: Union Grove
23d. LOCATION (City, town, or county) (State): Crossroads, Missouri
24. FUNERAL DIRECTOR: Clinkingbeard Funeral Home, ADDRESS: Ava, Mo.
25. DATE RECD. BY LOCAL REG.: 2-8-57
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED 9-9-57
WRIGHT CO. HEALTH DEPT.
County File Number 93-14
Date Filed 9-9-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Charles R. Fish.....

Licensed Embalmer No. 466

P. O. Address Ava, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.